

NOV 28 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31420-1

1. PLACE OF DEATH

County Gasper Registration District No. 418 File No. 3
Township Gasper Primary Registration District No. 5572 Registered No. 25
City Asbury (No. _____) St. _____ Ward _____

2. FULL NAME

James Newt Horn

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White American 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Horn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 11 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnsboro County, Mo.

MOTHER 13. NAME Henry Horn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Elizabeth Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Sarah Horn (wife)
(ADDRESS) Asbury Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waco Cemetery DATE Aug 26 1936

19. UNDERTAKER Hedge Nelson Funeral Home
(ADDRESS) W. H. Coleman

20. FILED aug 25 1936 W. H. Coleman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1936

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1936, to Aug 24, 1936
I last saw him alive on Aug 24, 1936 Death is said to have occurred on the date stated above, at 2-30 P.M.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Lesion
None

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. O. Coleman, M. D.
(Address) Asbury, Mo.

U.S. every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

